

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Madison Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00524520	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 30 / 2014</div> </div>	

Full Name of Payee Mind Motion		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2014	
Mailing Address 25 South Main Street 3rd Floor		Amount 3465.00	
City Manheim	State PA	Zip Code 17545	Transaction ID : SE.4372
Purpose of Expenditure Media Production	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 29 / 2014	
Name of Federal Candidate MICHAEL SIMPSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mind Motion		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2014	
Mailing Address 25 South Main Street 3rd Floor		Amount 1045.00	
City Manheim	State PA	Zip Code 17545	Transaction ID : SE.4392
Purpose of Expenditure Media Delivery	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 07 / 2014	
Name of Federal Candidate MICHAEL SIMPSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4510.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
05 / 13 / 2014

Signature